

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005873

FILED
May 03, 2006
Secretary of State

Entity Name: NORTHEAST DISASTER MEDICAL ASSISTANCE TEAM FLORIDA 4 INC

Current Principal Place of Business:

14476 DUVAL PLACE WEST #203
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P O BOX 5056
JACKSONVILLE, FL 322475056

New Mailing Address:

FEI Number: 59-3737278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KETCHIE, KAREN G RN
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, PENNY
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: RUSSELL, JEFFREY
Address: 625 HIWAY A1A
City-St-Zip: PONTE VERDA BEACH, FL 32082 US

Title: D () Delete
Name: MEANS, ELIZABETH RN
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: P () Delete
Name: KETCHIE, KAREN G RN,
Address: 1721 SPRING STAR COURT
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: V () Delete
Name: JONES, GARFIELD CDR
Address: 8037 DICKIE DRIVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S () Delete
Name: VAN, RON J
Address: 4248 RIPKEN CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARFIELD JONES

VP

05/03/2006

Electronic Signature of Signing Officer or Director

Date